

2011 Medicare Marketing Guidelines Training for MA and Part D Plans

**Division of Surveillance, Compliance &
Marketing, Medicare Drug and Health Plan
Contract Administration Group**

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Opening Remarks

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Overview of Training

- **New Policy & Policy Clarifications**
- **Model Documents**
- **HPMS Enhancements**

New Policy & Policy Clarifications

Definitions

- Alternative Formats--*Conveys information to beneficiaries with disabilities (e.g., Braille, large print, and audio)*
- Marketing Appointments--*Individual appointments designed to steer, or attempt to steer, potential enrollees toward a plan or limited number of plans*
- Provider--*Contracted with the plan sponsor, non-contracted providers, and sub-contractors*

New Policy & Policy Clarifications

Definitions

Third Party Marketing Organization--Marketing Organization (FMO), General Agent (GA), or similar type of organization that has been retained to sell or promote a plan sponsor's Medicare products on the plan sponsor's behalf either directly or through sales agents or a combination of both

New Policy & Policy Clarifications

Definitions

- Ad-Hoc Materials
 - Customer Service correspondence or issues that impact a small subset
- Educational Events
 - Events are held in a public venue
 - Does not steer enrollees towards a specific plan

New Policy & Policy Clarifications

Definitions

- Marketing/Sales events
 - Designed to steer, or attempt to steer, potential enrollees toward a plan or limited number of plans
- Nominal Value
 - Either an individual item worth \$15 or less, or aggregate items throughout the year worth \$50 or less

New Policy & Policy Clarifications

Plan Sponsor Responsibilities & Marketing Requirements

- Plan Sponsor Responsibilities
- General Marketing Requirements
- Marketing Material Types and Disclaimers
- Required Documents
- Rewards and Incentives, Promotional Activities, Events, and Outreach
- Special Guidance on Telephonic Activities and Scripts
- Guidance on Marketing Review Process
- Guidance on marketing and sales oversight

New Policy & Policy Clarifications

Plan Sponsor Responsibilities

Record Retention Requirements

- All records must be maintained for a period of 10 years.
- Marketing materials developed on behalf of the plan or by third party or delegated entities must adhere to CMS record retention requirements.



New Policy & Policy Clarifications

Plan Sponsor Responsibilities

Referral Programs

Sponsors may offer thank you gifts provided they are each individually worth \$15 or less and in the aggregate for the year worth \$50 or less where price is based on the retail purchase price of the item (e.g., thank you note, calendar, pen, key chain) when an enrollee provides a referral as a result of a plan's solicitation for referrals.

New Policy & Policy Clarifications

Plan Sponsor Responsibilities

Requirements For Plans With Non-English Speaking Populations

- *Call centers*
 - Interpreter services must be available to answer questions from non-English speaking beneficiaries
 - Interpreter services apply regardless of percentage
- *2012 Marketing materials*
 - Must adhere to the requirements for 5% threshold
 - Materials translated should be from the final version of the English material, not a template

New Policy & Policy Clarifications

Plan Sponsor Responsibilities

Plan Ratings

- HPMS-generated plan rating information must include the year for which the plan's summary star rating applies (e.g., 'xx plan is a 2011 5-Star rated plan').
- Plan rating information must be available on the plan's website.
- New plan performance rating information must be updated in enrollment kits and websites 30-days after the release of the upcoming year's rating.
- Star ratings mentioned in other materials must include the year the rating applies and a disclaimer noting that ratings change from year to year.



New Policy & Policy Clarifications

Plan Sponsor Responsibilities

Plan ratings (continued)

- Plan ratings must translate as specified in section 30.8.

Extended Marketing Period for Plans with 5 Star Ratings

- Plans may market to and enroll beneficiaries throughout the year.
- Plan sponsors must discontinue marketing under 5 star SEP if their ratings fall less than 5 stars.

New Policy & Policy Clarifications

General Marketing Requirements

- Non-renewing Medicare plans must send the non-renewal letters to beneficiaries no later than October 2.
- For 2012, October 2 is a non mail date and must ensure receipt to non-renewing beneficiaries in advance of October 2.
- For 2012, Medicare plans can begin marketing on October 1 as long as any non-renewing plans send their notices to beneficiaries in advance of October 2.

New Policy & Policy Clarifications

Marketing Material Types and Disclaimers

Availability of Non-English Translations

- Alternate language disclaimer must be placed on all materials that meet the 5% threshold
- Placed in both English and all non-English languages that meet the five (5) percent threshold for the PBPs the document relates to
- The non-English disclaimer should be placed below the English version and in the same font size as the English version
- Plans must also include a phone number the beneficiary can call for the information in other language

New Policy & Policy Clarifications

Required Documents

Printed Formularies

- Errata sheets must include a statement explaining that the plan will continue to cover the drugs in question for enrollees taking the drug at the time of change for the remainder of the plan year as long as the drug continues to be medically necessary and prescribed by the member's physician and was not removed for safety reasons.

Part D EOB

- EOB does not need to be generated by the plan sponsor when retroactive changes apply to prior benefit year prescription fills.

New Policy & Policy Clarifications

Required Documents

Mid Year Changes Requiring Enrollee Notification

- National Coverage Determinations (NCDs) are effective on the date the decision memorandum is released.
- Enrollees must be notified of the new coverage or change in coverage of the item or service within 30 days of the release date of the NCD.
- If the newly covered service is covered outside the contract, the enrollee must be told that he or she could receive this service from any Medicare provider, including out-of-network Medicare providers.

New Policy & Policy Clarifications

Required Documents

Mid Year Changes Requiring Enrollee Notification

- Plan sponsors may use a variety of mechanisms to inform enrollees of the change in coverage.
- Notice must be provided on plan website within 30 days, with subsequent publication in the next plan newsletter other mass mailing not specifically dedicated to the NCD notification.
- Alternatively, MAOs may choose to provide this information to enrollees in a targeted way, such as via email or one-time mailings specific to this issue.

New Policy & Policy Clarifications

Rewards and Incentives, Promotional Activities, Events, and Outreach

Rewards and Incentives

- Adult wellness visit may be offered as a targeted activity.
- Any combination of the adult immunizations may be a targeted activity.

Marketing Sales Events

- One-on-one appointments with Medicare beneficiaries are considered by CMS as sales/marketing events.
- One-on-one appointments are not entered into the marketing events module.

New Policy & Policy Clarifications

Rewards and Incentives, Promotional Activities, Events, and Outreach

Marketing/Sales events (cont.)

- Informal event-A recreational vehicle (RV) that is manned by a plan sponsor representative
- Plan sponsors that distribute enrollment applications during a sales event must provide the information in § 30.11, required materials in the enrollment kit
- Plan sponsors may not require email address as a condition to RSVP for an event online or through mail

New Policy & Policy Clarifications

Special Guidance on Telephonic Activities and Scripts Customer Service Call Center Requirements

- October 15-February 14 plan sponsors must operate toll-free call center.
- February 15 through the following enrollment period, plan sponsors are still required to operate a toll-free call center from 8am to 8pm Monday–Friday.

Informational Inbound Scripts

- Information about the Best Available Evidence Policy must be available for those who contact the call center.



New Policy & Policy Clarifications

Jennifer Kehm

Division of Surveillance, Compliance &
Marketing, Medicare Drug and Health
Plan Contract Administration Group



New Policy & Policy Clarifications

Guidance on the Marketing Review Process

Standardized vs. Model Materials

- Standardized documents may not be modified in a substantive or material way
Examples: ANOC/EOC and Plan Star Ratings
- Model documents may be modified by plan sponsors
Examples: Pharmacy/Provider Directories

New Policy & Policy Clarifications

Standardized Documents

- Plans may not alter the content, format, or language in any way
- Permissible modifications include populating variable fields, correcting grammatical errors, adding the plan name/logo, and adding the CMS marketing material identification number

Model Documents

- Unless otherwise directed, use of CMS model documents is optional
- If plans choose to modify a model, all elements in the model must be included in the non-model
- Plans should indicate the model/exhibit title and applicable CMS chapter/manual or HPMS memorandum date in the comments section of HPMS

New Policy & Policy Clarifications

Template Materials – *New process*

A template is a material that includes placeholders for variable data to be populated at a later time.

CMS now classifies template materials as either standard templates or static templates.

- Standard templates include placeholders for variable data to be populated and resubmitted in HPMS at a later time.*
- Static templates include placeholders that are exempt from being submitted once populated.*

New Policy & Policy Clarifications

Standard Templates

- Plan sponsors are required to indicate the “master document” is a template when submitting the material in HPMS.
- Final template must be populated (in the placeholders) with plan specific information and submitted in HPMS

Static Templates

- Plan sponsors should *NOT* indicate the “master document” is a template when submitting the material in HPMS.
- To meet the criteria for a static template, ALL variable data within the material must be exempt from being resubmitted in HPMS.

New Policy & Policy Clarifications

Guidance on the Marketing Review Process Template Materials

- Standard templates must be populated within 30 days of the approved date, thirty (30) days of the File & Use distribution date, or thirty (30) days of the approved bid for materials filed prior to bid approval.
- Plan sponsors are responsible for submitting final versions of templates in the HPMS Marketing Module using the associated “Final Expedited Review” code, and will be required to enter the “Template Material ID” of the original “MASTER” template material in the “Template Material ID” field.

New Policy & Policy Clarifications

Guidance on the Marketing Review Process

Submission of Non-English (*Alternate-Format) Materials

Non-English marketing materials submitted by plan sponsors must attest to the completeness and accuracy of the material through the automated electronic attestation in HPMS... attesting that any translated or alternate format versions are identical in content to the English material.

New Policy & Policy Clarifications

Guidance on the Marketing Review Process

Submission of Non-English (*Alternate-Format) Materials

- The approval date for non-English materials should be the date that appears on the English version.
- The File & Use date for non-English material should be the date the English version is eligible for use in the marketplace (generally five (5) days after the piece is filed in HPMS).
- Materials submitted as an alternate format material may be used immediately.

New Policy & Policy Clarifications

Specific Guidance on the Submission of Websites for Review

- Reviewers should be able to conduct the review online using the links provided in the Word document.
- Submitting screen shots or text in a Word document is not acceptable.

New Policy & Policy Clarifications

Specific Guidance on the Submission of Websites for Review

- Plan sponsors must include a date stamp on each Web page to indicate when it was last updated.
 - Any updates to pages should be submitted with their own unique material ID and date-stamped accordingly.
- Use of the website while under CMS review applies only to the website text and not documents contained on the website (for example, a plan may not post an unapproved member handbook on the website).

Guidance on Marketing and Sales Oversight and Responsibilities

Chevell Thomas and Melissa Moreno

Division of Surveillance, Compliance & Marketing, Medicare Drug and Health Plan Contract Administration Group

New Policy & Policy Clarifications

Guidance on Marketing and Sales Oversight and Responsibilities

Plan Reporting of Terminated Agents

- Plan sponsors must notify any beneficiaries that were enrolled in their plans by unqualified agents and advise those beneficiaries of the agents' and brokers' status.
- Beneficiaries may request to make a plan change (including a special election period).

New Policy & Policy Clarifications

Guidance on Marketing and Sales Oversight and Responsibilities

Third Party Marketing Entities

- Compensation amounts paid by plan sponsors to third parties for enrollments must be consistent with the compensation requirements located in MMG §120.5.5.
- The amount paid to the third-party for other services (e.g., training, customer service, or agent recruitment) must be of FMV and must not exceed an amount that is commensurate with the amounts paid by the plan sponsor to a third party for similar services during each of the previous two (2) years.



Guidance on Marketing and Sales Oversight and Responsibilities

Guidance on Marketing and Sales Oversight and Responsibilities

Activities That Do Not Require The Use of State-Licensed Marketing Representatives

- The level of knowledge, training, and licensure dictates a representative's appropriate responsibilities.
- Unlicensed call center representative is not qualified to perform duties beyond their degree of knowledge, training and licensure.
- Unlicensed customer service representative encounters questions from a beneficiary that are beyond the scope of their abilities must advise the caller to call a specified number and speak to a licensed agent for further guidance regarding plan choices.

Model Documents

Jennifer Kehm

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Marketing, Medicare Drug and Health
Plan Contract Administration Group

Model Documents

Annual Notice of Change/Evidence of Coverage

- Created New Templates and Incorporated New Language
- Created a Dual Eligible Special Needs Plan (SNP) ANOC/EOC template
- Separated the PPO ANOC/EOC into PPO-MA only and PPO-MAPD templates
- Inserted Chronic Care and Institutionalized SNP language in the PPO and HMO MAPD templates

Model Documents

Annual Notice of Change/Evidence of Coverage

- MA, MAPD, PDP plans and 1876 Cost Plans offering Part D should send the ANOC/EOC for arrival no later than September 30th.
- Cost plans not offering Part D must send the ANOC and EOC for member receipt by December 1st.
- FIDE SNPs should send a standardized ANOC with an SB and plan formulary for receipt no later than September 30th and the state-integrated EOC and LIS rider for receipt by December 31st.

Note: Fully Integrated Dual Eligible SNPs that choose to send a combined, standardized ANOC/EOC for member receipt by September 30th are not required to send an SB to current members

Model Documents

Annual Notice of Change/Evidence of Coverage

All sections of the standardized ANOC/EOC must be sent in the same envelope. Plans are required to send the formulary and have the option to include the LIS Rider, Summary of Benefits, and Pharmacy and Provider Directories in this mailing. Unless otherwise directed, no additional plan communications may be included.

Model Documents

ANOC/EOC

Plan sponsors must use the standardized ANOC/EOC errata model to correct any errors.

- Plan sponsors are expected to submit the errata model for review via HPMS.
- Plan sponsors that elect to revise, correct, and resend updated corrected ANOC/EOC to beneficiaries rather than simply sending enrollees the errata model document must attach the standardized errata model document.

HPMS Marketing Enhancements/Updates

Tim Hoogerwerf

*Division of Plan Data, Medicare Drug
Benefit Group and C & D Data Group*

HPMS Marketing Enhancements/Updates

- **Errata Material Submissions**
- **Marketing Sales Events (MCE) Updates**
- **Actual Mail Date/Number of Beneficiaries**

Conclusion

- Q & A
- Additional questions may be sent to marketingpolicy@cms.hhs.gov
- Important links/references
<http://www.cmsdrughealthplanevents.org/>
<http://www.cms.gov/ManagedCareMarketing>